The Experience of MADD's Protecting You/Protecting Me:

Using Evaluation to Enhance Program Development

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Table of Contents

Introduction

Purpose

Protecting You/Protecting Me (PY/PM) is a classroom-based alcohol-use prevention program developed by Mothers Against Drunk Driving (MADD) for students in grades 1–5. The goal of the intervention is to prevent injury and death of children and youth due to underage consumption of alcoholic beverages and vehicle crashes when riding with impaired drivers. Development of PY/PM began in the summer of 1998. In spring 2002, PY/PM was named a Model Program by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) and the National Registry of Effective Programs, now known as the National Registry of Evidence-Based Programs and Practices (NREPP). Since the inception of the project, evaluation data have been used to determine program goals, develop and revise the curriculum, assess effective methods of delivery, and improve effectiveness. The purpose of this document is to provide an example of how evaluation can be used in each of the five stages of program development—initiation, planning, field-testing, implementation, and stabilization—to build a solid, evidence-based program that accomplishes its goals. This case study is not intended to be a manual on how to achieve effective program status. It is simply an example of how a good program can be developed in the "real world" by a grassroots organization with limited funds.

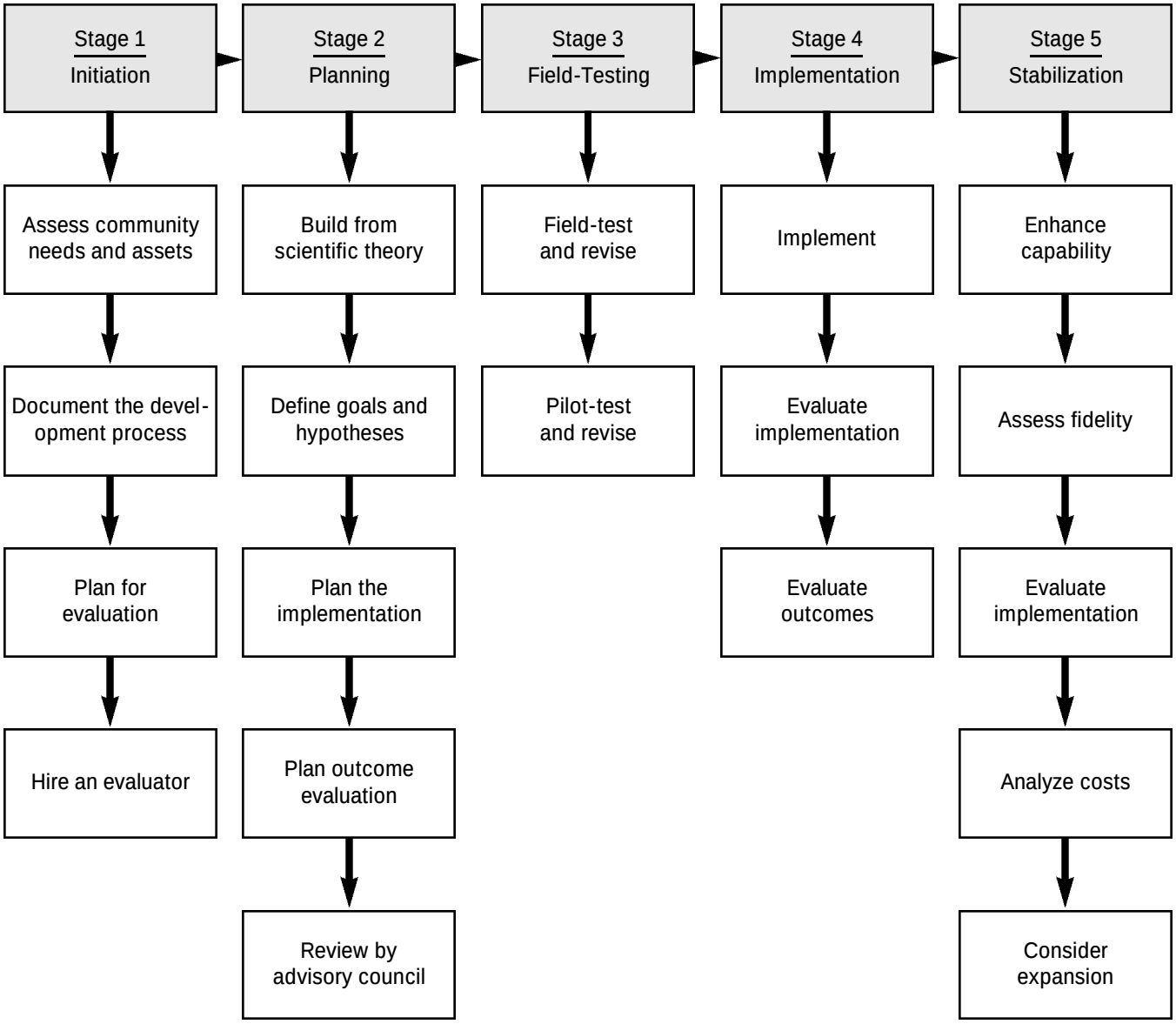
Overview of Protecting You/Protecting Me

The PY/PM curriculum consists of 40 lessons (8 lessons in each grade) and 40 activities to be completed by the students after the lessons. PY/PM is designed to be infused into a school's core curriculum, and each lesson carefully integrates several standard education objectives, including those involving health-related behaviors and information, personal and interpersonal skills, and identifying influencing factors. PY/PM is delivered annually from the first through fifth grades, with one lesson administered per week for 8 weeks. The program is designed to be delivered throughout a student's elementary school years, building upon and reinforcing the previous year's lessons. Trained school staff, prevention specialists, or high school students enrolled in a peer-mentor/leadership course can teach the lessons, which last from 30 to 50 minutes, depending on the grade. The curriculum addresses eight topics: Our Brain, Growth and Development, Health and Safety, Rules and Laws, Friends, Choices and Decisions, Media Awareness, and Communication (especially with adults). PY/PM's interactive and effective teaching processes include role playing, small group and classroom discussion, reading, writing, storytelling, surveys, art, and music. See www.pypm.org for more information.

How to Use This Document

Each of the five stages of program development are defined and broken down into steps. Examples from PY/PM are included to illustrate how evaluation can be used throughout the process of program development. A small sample of the evaluation tools used for PY/PM is included in the Appendix. Additional resources for program development and evaluation are listed throughout the document and at the end.

Five Stages of Program Development Model



Program Development Worksheet

Below are a list of questions designed to help program developers begin planning a program in a systematic way. Each of the questions are listed under the stage of program development in which they will be answered.

Stage 1: Initiation

- What is the problem we are trying to address?
- Who is our target audience?
- Are there other available programs that address this problem?
- What resources are available?
- Is there sufficient community interest and support for this program?
- Who should carry out the program?
- In what settings should the program occur?
- How are we going to know if the program is working?
- Who will evaluate the program?

Stage 2: Planning the Intervention

- On what theory of behavior change will the intervention be based?
- What are the intervention's goals?
- What alternative approaches are available to use in the intervention?
- How will the program be implemented?
- How will the program be evaluated?
- How can the program be improved before implementation?
- What are the expected outcomes of the intervention?

Stage 3: Field-Testing and Pilot-Testing

- What resources are used?
- What obstacles are encountered?
- Are organizational processes and systems adequate?
- What are participants' current behaviors, attitudes, or knowledge toward the problem?
- Is the intervention implemented as intended?
- What are the participants' reactions to the intervention?
- Are the expected immediate outcomes produced?
- What costs are associated with the intervention?

Stage 4: Implementation and Formal Evaluation

- Is the program being implemented as intended?
- What are the barriers to implementation?
- What are different strategies for implementation, and how do they compare to each other for ease of implementation and impact on participants?
- Is the intervention having the desired impact on participants' behaviors, attitudes, knowledge, or actions?
- How should the program be revised based on evaluation findings?

Stage 5: Stabilization

- How will community skills, resources, and commitment to the program be enhanced?
- Is fidelity to the original program being maintained?
- Does the program continue to have the desired impact?
- How can the program and the implementation be improved further?
- How will ongoing training needs be met?
- What are the ongoing financial costs?
- Is the program cost effective?
- Who will pay to keep the program going?
- How can the program be expanded to include more participants?
- How can the program be expanded to include different domains, such as individuals, families, and communities?
- How can the program be tailored to meet the needs of different populations while maintaining fidelity to the original program?

Stage 1: Initiation

Identifying the problem is the first step.

Tools in the Appendix

Needs Assessment Tool p.27

Focus Group Discussion Guide p. 30

Checklist for Hiring an Evaluator p. 31

In the first stage of program development, the program developer identifies the problem that needs to be addressed, decides on the most appropriate type of intervention, and begins to gather resources and enlist community support for the program. The developer also begins to document the development process and to make plans for evaluation.

In the initiation stage, several key questions are answered:

- What is the problem we are trying to address?
- Who is our target audience?
- Are there other available programs that address this problem?
- What resources are available?
- Is there sufficient community interest and support for this program?
- Who should carry out the program?
- In what settings should the program occur?
- How are we going to know if the program is working?
- Who will evaluate the program?

Step 1: Assessing the Needs and Assets

The first step of any program development should be an objective assessment of the needs and assets of the community. A program specifically designed to meet the unique needs of a population, utilizing the resources of that population, is more likely to be effective than a generalized program. Community members themselves are often the best source of this information. Involving community members in defining the intervention has the added benefit of mobilizing their support and resources for the program. Experts in relevant fields, as well as the scientific literature, can also provide insight into substance abuse prevention needs and whether there are existing programs that could be tailored for the community.

Assessing needs and assets of the community can involve the following:

- Interviews
- Focus groups
- Surveys
- Review of substance abuse literature and existing prevention programs
- Review of surveys (e.g., traffic surveys, youth risk-behavior surveys, substance use surveys) that have already been conducted by other organizations or government agencies

Assessments should address the following topics:

- Nature and extent of the substance abuse problem
- Gaps in current interventions
- Type of intervention needed and who should implement it
- Target audience and setting
- Community interest and support for the effort
- Available resources (including sources of long-term funding)

The MADD organization added prevention of underage drinking to its mission statement and was interested in delivering a prevention program to elementary school students. Up to that point, MADD volunteers had been sharing their own stories at schools and did not have a research-based program to deliver. A thorough review of available programs did not reveal an existing science-based underage-drinking prevention program for elementary students that met the criteria specified by both educators and prevention experts. Based on a review of scientific literature, the program developers determined that there was a need for a multiyear, interactive, classroom-based alcohol-use prevention program that could be infused into the school's core curriculum, included the latest research on brain development, focused on the immediate risks of substance use on youth development, included social skills development, and addressed the risk of riding with impaired drivers. At one of MADD's national conferences, the PY/PM developer and evaluator surveyed MADD staff and volunteers and conducted focus groups with MADD volunteers who were also educators to further refine the plans for the curriculum and its implementation. The research at the MADD national conference had a second benefit of helping to mobilize support from the volunteers and staff of MADD, the initial funders of this project.

Step 2: Documenting the Development Process

Documentation is a key part of developing an intervention in a logical, organized manner. Documentation of all statements made during interviews and focus groups allows for their objective consideration by program developers. You don't want to be swayed by the person speaking the loudest, for example. Documentation of every step of the development process also helps in evaluating what about the process worked and didn't work, and in sharing the process with others. It is impossible to evaluate the effectiveness of the development process if you cannot remember what you did!

Step 3: Planning for Evaluation

How are you going to know whether the intervention worked? By evaluating it, of course. A common problem with program development is not planning for evaluation from the beginning. Evaluation must be included in the intervention itself. There are two distinct categories of evaluation: process and outcome. Process evaluations assess the design and implementation of the program itself. Process evaluations include who did what (and to whom), and when and how they did it. Outcome evaluations assess whether the objectives of the program were met and how the target population's attitudes, behaviors, and/or knowledge are changed by the intervention. Begin thinking about how you will evaluate both the process and the outcome of the intervention before you design it. It is also important to decide at this point whether you intend to go through the NREPP review process to have your program recognized as an effective program. NREPP requires rigorous evaluation that must be included in the evaluation plan from the beginning. Information about the NREPP criteria can be found at the Web site www.modelprograms.samhsa.gov/template.cfm?page=nreppover. Following are five resources for evaluation techniques:

1. Baker, Q. E., Davis, D. A., Gallerani, R., Sanchez, V., & Viadro, C. (2000). *An evaluation framework for community health programs.* Durham, NC: The Center for the Advancement of Community-Based Public Health (CBPH). Available: www.cdc.gov/eval/evalcbph.pdf.
2. Carmona, M. C., Stewart, K., Gottfredson, D. C., & Gottfredson, G. D. (1998). *A guide for evaluating prevention effectiveness.* CSAP technical report. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

3. McDermott, R. J., & Sarvela, P. D. (1999). *Health education evaluation and measurement: A practioner's perspective* (2nd ed.). Columbus, Ohio WBC/McGraw-Hill.
4. Flay, B. R., Biglan, A., Boruch, R. F., González Castro, F., Gottfredson, D., Kellam, S., Mocicki, E. K., Schinke, S., Valentine, J. C., and Ji, P. *Standards of evidence: Criteria for efficacy, effectiveness and dissemination.* Prevention Science (2005). Available: www.preventionresearch.org.
5. W. K. Kellogg Foundation. (1998). *W. K. Kellogg Foundation evaluation handbook.* Battle Creek, MI: Collateral Management Company. Available: www.wkkf.org/pubs/tools/evaluation/pub770.pdf.

Step 4: Hiring an Evaluator

Whether or not you intend to go through the NREPP review process, you should consider hiring a professional evaluator. He or she can help you document the development process; assess how well your program is achieving its goals; help you explain how the program works; recommend ways to improve the program; prepare reports that inform staff, beneficiaries, policymakers, and funders about the effects of the program; and contribute to a greater scientific understanding of prevention programs in general. The evaluator should be hired before the program is implemented and should be an integral part of program development and process evaluation. You can expect to spend between 25 and 40 percent of the total project budget on evaluation.

Finding an Evaluator

Other programs and agencies similar to yours are typically the best sources of referrals for evaluators. Another source is the American Evaluation Association (www.eval.org). Cost is an important consideration when deciding the type of evaluator to employ. Costs for evaluation services vary widely and may include both direct and indirect costs. With large research organizations and universities, the indirect costs such as overhead and employee benefits can be as high as 40–50 percent of the total budget. This means that for an evaluation budget of $50,000, only $25,000 would go directly toward evaluating your program. The advantages of these institutions are the wealth of experience and expertise they offer, and the multiple staff members that can be assembled as needed to address your specific evaluation goals. If you are working with a more limited evaluation budget, a smaller evaluation firm or an evaluator working as an independent consultant might be a more practical choice. Consulting arrangements typically do not come burdened with overhead, but they may be high. Skilled evaluators may reasonably charge between $400 and $800 per day, depending on their experience and credentials. Just because you are working with a small evaluation firm does not mean you cannot contract with a large institution for specific, short-term projects as needed.

Qualities Needed in an Evaluator

Experience

Because few educational programs exist to train program evaluators, it is important to look for evaluators who have experience in the types of evaluation you need. In particular, the evaluator should have experience working with agencies and programs similar to yours and with the population you intend to target. It is also vital that the evaluator have experience evaluating prevention programs. Particularly if you hope to submit completed evaluations to NREPP, the evaluator should have a track record of publishing the results of prevention program evaluations he or she has conducted.

A Good Fit

In order for an evaluator to work well with a program and its clients, she or he must have a personality, work style, and character that fit in well with the program—and with you. The evaluator should understand the real world of implementation, be open to questions and disagreements, be flexible, and be willing to involve you and the program stakeholders in the evaluation process. The evaluator also should be enthusiastic about the type of program being designed and the target audience of the intervention. You will be entering into a long-term partnership with your evaluator: consider your choice carefully. The consequences of a poor choice can be quite painful.

Research Skills

An evaluator should possess all of the research skills your program will need to succeed in the NREPP review process if it is your desire to go through that process. These include knowledge of the following:

- Study design and tailoring of design to available resources
- Development and specification of a program logic model
- Quantitative and qualitative data analysis using statistical software
- Process and outcome evaluation
- Power analyses (statistical tests that determine how many study subjects are needed)
- Instrumentation (developing valid and reliable data collection instruments)
- Randomization (randomly assigning individuals or groups or clusters of individuals to either receive the intervention or be in the comparison group, and statistically adjusting for any differences between the intervention and comparison group)
- Fidelity (assessing whether the intervention is being carried out as designed)
- Attrition (accounting statistically for subjects who drop out of the study)
- Missing data analysis
- Adjustment for alpha inflation (a statistical problem when multiple measures are used for the same outcome)
- Study reporting (including a track record of published manuscripts in juried journals of findings from evaluations)

It is not necessary for the evaluator to have expertise in all of the above areas so long as he or she has working relationships with other individuals or organizations that can provide those services on a contract basis.

Communication Skills

A good evaluator will be able to communicate well with both prevention professionals and lay people. Good communication includes being able to present complicated statistical procedures and research findings in a way that people with no background in statistics or research methods can understand.

Documents

The following documents should be requested from evaluators you are considering:

Curriculum Vitae (CV)

The evaluator's CV should demonstrate to your satisfaction all of the qualities and skills listed above.

Work Samples

An evaluator should provide you with samples of reports written for lay people and samples of reports written for research professionals. The evaluator should also provide you with samples of any papers he or she has published in research journals and examples of instruments he or she has developed.

References

As with any potential employee, an evaluator should provide you with references from other agencies or programs with which he or she has worked, especially as a program evaluator.

Evaluation Plan

The evaluation plan outlines how the evaluator will proceed in general in terms of research design, research questions that will be answered, the methods of data collection and analysis, and the types of reports that will be prepared. The plan should include the personnel who will be involved in the project. The evaluator will not be able to provide specific details of how the program will be evaluated at this point, but she or he should be able to make a general statement about the types of activities that

will be completed as part of the evaluation process. A more detailed proposal should be drafted after the evaluator is hired.

Budget

The evaluator should provide a budget that estimates the total costs of the project, both direct and indirect. It is helpful if the costs are itemized by task (instrument design, data collection, data analysis, report writing, etc.). The evaluator may agree to let program staff carry out some of the tasks in order to save money if your evaluation budget is limited. It is important that you develop a realistic expectation of the level of evaluation your program can afford.

Stage 2: Planning the Intervention

Planning the program is the second step.

Tools in the Appendix

Curriculum Reviewers' Form
p. 32

In Stage 1, you identified a problem in your community that needed to be addressed in a way that no existing program had addressed successfully. You reviewed literature, enlisted the support of community members and experts in the field, and determined the type of intervention needed. You also began documenting the development process and planning for evaluation. In the planning stage, you will plan an intervention based on accepted scientific theory and begin to evaluate both the developmental process and the outcomes of the intervention. Stages 1 and 2 address some of the same issues and will likely overlap as you plan the intervention.

In the planning stage, several key questions are answered:

- On what theory of behavior change will the intervention be based?
- What are the intervention's goals?
- What alternative approaches are available to use in the intervention?
- How will the program be implemented?
- How will the program be evaluated?
- How can the program be improved before implementation?
- What are the expected outcomes of the intervention?

Step 1: Building From Previous Knowledge and Theory

Building on existing knowledge is the key to planning a successful science-based program. The substance abuse prevention field has advanced tremendously in the past decade, and there is an abundance of science-based knowledge that can be used in developing any program. The National Institute on Drug Abuse has developed a guide that outlines current knowledge on risk factors for substance abuse and the types of prevention programs that work (NIDA, 2003). This should be a starting point for anyone who is developing a substance abuse prevention program. Review the literature to identify science-based principles, gaps in existing programming, and alternative approaches to solving the problem. You can then use the results of the research to guide the design of the intervention.

Prior to developing the PY/PM program, the program developers examined the existing literature, including a hands-on review of more than 50 substance abuse and life skills curricula available nationally. The extensive review was used to identify science-based principles and gaps in existing programming. The program developers discovered compelling research about the effects of alcohol on the developing brain that was not being used in any alcohol prevention program at the time. Research also led them to base the curriculum on the complementary theories of risk reduction and protective factor enhancement (Hawkins, Catalano, & Miller, 1992; Benard, 1993), and to use the "Developmental Assets" framework, which provides concrete strategies for initiating, developing, and strengthening protective factors for children, families, and communities (Benson, 1996; Roehlkepartain & Leffert, 2000). Finally, research enabled them to incorporate the "Principles of Effectiveness" established by the U.S. Department of Education (1998).

Step 2: Defining Intervention Goals and Hypotheses

Based on what your research found in Step 1, what are your hypotheses? What do you want the intervention to accomplish? Program goals can be divided into three types: immediate, intermediate, and long-term. Goals can also be classified by their impact on individuals, organizations, or whole communities. Be as specific as possible in your goal statements. In order to evaluate the program, the goals must be measurable—although whether and how they can be measured may be a topic of discussion between your evaluator and you. For instance, if decreasing underage drinking is one of your goals, you can survey students to find out whether they have stopped using alcohol. It is difficult to measure vague goals such as "helping society" or "improving the lives of children."

Research and focus groups with youth for an earlier project had shown program developers how interested youth were in knowing more about their brains and how they are impacted by alcohol. This led the developers to hypothesize that adolescents who understood the effect of alcohol on their brain would be less likely to use alcohol. The immediate goals of PY/PM were to educate elementary school children about their brains, what alcohol does to the brain, the importance of protecting their brain, and how to protect themselves when riding with an impaired driver; to teach them life skills such as decisionmaking, stress management, and media literacy; and to change potentially harmful attitudes about underage drinking. The intermediate goals were to have children avoid riding with impaired drivers, protect themselves when they had no choice but to ride with an impaired driver, and to not begin to drink alcohol. The long-term goal was to prevent injury and death of children and youth due to underage consumption of alcoholic beverages and riding in vehicles with impaired drivers.

Step 3: Planning the Implementation

Intervention activities must be planned to accomplish each of the program's specific goals outlined in Step 2, and the outcomes expected from each activity must be clearly defined. This can be achieved by developing a logic model for the program. A logic model is a conceptual framework that links the problem to be addressed with the activities and strategies you have designed to address it, and the expected outcomes of these activities or strategies. The development of a clear and specific logic model is an essential prerequisite to a successful evaluation, since it will drive your evaluator's choice of instrumentation and analysis plans. An excellent resource for logic model development can be found at the Web site for CSAP's Western Center for the Application of Prevention Technology (Western CAPT) (http://casat.unr.edu/westcapt/bestpractices/eval2.htm). The activities in the logic model should be culturally-, gender-, and age-appropriate; be tied to the program goals; and have measurable outcomes. An example of PY/PM's logic model is given on the following page.

In the process of choosing activities to meet your goals, you will decide who will implement each of the program's activities, where the program will take place, how you will recruit participants for the program, where you will get the needed resources, and how the necessary tasks will be accomplished. As always, careful documentation of this process (how and why you chose particular activities, who participated in the planning, etc.) is important.

PY/PM Example:

Logic Model (based on worksheet by Western CAPT)

Goals	Strategies	Target Group	Theory of Change	Short-Term Outcomes	Long-Term Impacts
Increase protective factors: 1. Social skills 2. Emotional skills 3. Cognitive skills Decrease risk factors: 1. Favorable attitudes toward underage alcohol use 2. Rebelliousness 3. Early initiation of alcohol use	<u>Program</u> 40 age-appropriate, interactive, 30–50 minute lessons taught over 5 years <u>Curriculum</u> Address concepts about the effects of alcohol use, vehicle safety and alcohol, and techniques to refuse riding with an impaired driver; build social, cognitive, and emotional skills. Lessons cover— • Our brain • Growth and development • Health and safety • Rules and laws • Friends • Choices and decisions • Media awareness • Communication (especially with adults) <u>Instructional methods</u> Role play, small group and classroom discussions, writing, storytelling, surveys, art, and music <u>Implementers</u> Trained school staff Trained prevention specialists Trained high school students enrolled in a peer mentor class	Students in grades 1–5 receive universal, school-based preventive intervention in the individual domain. High school youth ages 16–18 who are enrolled in a peer mentor/ leader course are trained to teach PY/PM in elementary schools.	PY/PM lessons will increase in children and youth— • Knowledge of the developing brain and the effects of alcohol on the brain. • Protective factors, including social, emotional, and cognitive skills. • Favorable attitudes toward the benefits of rules and laws. • Knowledge of how to keep from riding with an impaired driver and how to protect themselves if they must ride with an impaired driver. These changes will lead to— • Decrease in rebelliousness toward rules and laws. • Decrease in favorable attitudes toward underage alcohol use, drinking and driving, and riding with impaired drivers. • Prevention or delay of initiation of alcohol use. • Decrease in riding with an impaired driver. • Increase in use of vehicle safety skills.	Children and youth who receive PY/PM will— 1. Increase their knowledge of the developing brain and how alcohol affects the developing brain. 2. Increase their skills related to— • Decision-making • Media literacy • Making friends • Refusal • Stress management • Communication (with adults) 3. Increase their knowledge of vehicle safety skills. 4. Increase their perceptions of risks associated with underage alcohol use, drinking and driving, and riding with impaired drivers. 5. Increase favorable attitudes toward rules and laws. 6. Decrease their favorable attitudes (or maintain unfavorable attitudes) toward underage alcohol use, drinking and driving, and riding with impaired drivers.	1. Prevent or delay initiation of alcohol use by children. 2. Reduce the number of children riding with impaired drivers. 3. Increase the number of children using vehicle safety skills when they have no option but to ride with an impaired driver. 4. Decrease the number of high school youth who use alcohol. 5. Decrease the number of high school youth who drink and drive or ride with impaired drivers.

Step 4: Planning for Outcome Evaluation

The only way to know whether the goals of the intervention were met is by a program evaluation. Your evaluator should prepare a detailed evaluation plan that includes the study design, budget, the instruments that will be used (or developed, if they do not exist), the procedures for informing the subjects of their rights and protecting their privacy, and an overall timeline for the evaluation process. You will also need to decide how you plan to recruit participants for the evaluation and what incentives they will have.

Choosing Instruments

Common examples of evaluation methods include written surveys or questionnaires, interviews, tests and assessments, and observations. Useful tools for measuring include existing databases such as those maintained by the Centers for Disease Control and Prevention; the Census Bureau; police departments; and other local, State, and Federal agencies (such as schools). Detailed information about different types of measures and guidelines for selecting measures are available at the Web site of the Southeast Center for the Application of Prevention Technologies (SE CAPT) (www.secapt.org/flash/science7.html). By selecting appropriate measures, you will be able to gauge the success of the program in accomplishing its goals.

Choosing Design

It is not enough to simply survey or test the population receiving or administering the intervention. The study must also include a control or comparison group. This is to ensure that outcomes observed in the intervention group can be attributed with a high degree of confidence to the intervention itself, not to other factors such as the media, community influences, or exposure to other prevention programs. Comparison groups are groups of individuals similar to the target population that do not receive the intervention. It is important that the variables such as age, gender, race/ethnicity, income, type of location of the comparison group match the intervention group as closely as possible. Ideally, study participants (or clusters of participants, such as classrooms or schools) will be randomly assigned to either receive the intervention or be part of the comparison group. A comparison group that is achieved by random assignment is called a control group. While using a control group is ideal, it is often not practical in real-world program implementation, not the least because of the expense involved.

Obtaining Permission

Before conducting any type of outcome evaluation, it is important to submit the evaluation plan and the instruments that will be used to an institutional review board (IRB) for approval. An IRB is a committee organized by a university, hospital, or other organization engaged in research using human subjects to review and approve research proposals to ensure they are ethical and adequately inform and protect their subjects. Universities or other research institutions are usually good sources of IRB's. The IRB review process can be time-consuming and frustrating, and thus should be initiated well in advance of data collection. There is also a fee associated with IRB review, and that should be factored into the budget. Talk to the chair of the IRB you select to be sure you understand what the IRB application requires and what language should be used (and avoided). Ask for examples of other IRB applications that are pertinent for the research study you are proposing. Remember that IRB reviews offer you a measure of protection from any subsequent allegations that you have failed to conduct your study in an ethical manner, with the full informed consent of your subjects and, if they are minors, their parents.

Step 5: Review by an Advisory Council

Before testing the program with members of the target audience, it is helpful to have the program reviewed by a panel of experts in related fields, usually called an advisory council. Providing the council members with both open-ended questions and rating scales will produce quantitative and qualitative data that can be used to further improve the program prior to field-testing. Advisory council members, available at both the local and State levels, can include local mental health professionals, people involved in community coalitions and nonprofit organizations, experts from universities or community colleges,

teachers and counselors from local school districts (in the case of school-based programs), and members of local chapters of national organizations such as MADD. Conferences are also a good place to meet people with expertise in the field who might be willing to serve on an advisory council. In addition, each State has a National Prevention Network (NPN) representative who is an expert in alcohol and drug abuse prevention. More information can be found at the NPN Web site: http://swpc.ou.edu/npn.

Twelve professionals with expertise in the areas of alcohol abuse prevention, cultural competency, and elementary education reviewed the proposed PY/PM curriculum, as did experts from CSAP and the National Institute on Alcoholism and Alcohol Abuse (NIAAA). Findings from rating scales and open-ended questions were used to measure and improve the accuracy and adequacy of the curriculum, the suitability of its focus and goals, the developmental appropriateness, the cultural/ethnic relevancy, and the use of interactive activities and higher order thinking tasks.

Stage 3: Field-Testing and Pilot-Testing

Testing the program is the third step.

Tools in the Appendix

Lesson Evaluation Worksheet p. 34

The purpose of field-testing is to detect potential problems with the implementation plan itself. The program as a whole or a component thereof (one lesson of a curriculum, for instance) is tested on a small group of individuals to see if it can be implemented as designed. Individuals delivering and receiving the program provide feedback. Field tests do not include outcome measures. Results from field tests are used to revise the program prior to pilot-testing. Pilot tests are larger in scope than field tests and provide information about all aspects of the program and its implementation. Outcome measures are included to determine if the program produces the expected outcomes. Results from pilot tests are used to revise the program and the evaluation instruments before they are implemented on a large scale.

In the field- and pilot-testing stage, several key questions are answered:

- What resources are used?
- What obstacles are encountered?
- Are organizational processes and systems adequate?
- What are participants' current behaviors, attitudes, or knowledge toward the problem?
- Is the intervention implemented as intended?
- What are the participants' reactions to the intervention?
- Are the expected immediate outcomes produced?
- What costs are associated with the intervention?

Step 1: Field-Testing and Revisions

Field-testing typically involves the trial of the program with a small number of individuals similar to the target population. The goal is to identify any problems with the program itself before it reaches a larger audience.

Field tests can include—

- Feedback from individuals delivering the program
- Feedback from individuals receiving the program
- Observations

and can provide the following information:

- Obstacles to implementation
- Suitability of program for target audience
- Participants' reactions to the intervention

The PY/PM curriculum was field-tested to detect potential and real problems with the program itself prior to pilot-testing. The field tests were conducted in elementary school classrooms in Montana, Kentucky, and Texas. Lessons for each grade level were taught in one classroom per grade. Educators observing the lessons being taught completed forms assessing the lessons and students' reactions. No data were gathered on student outcomes; the focus was on the suitability of lessons and students' responses. Using the information from the field tests and from the curriculum reviews completed in the Planning Stage (Stage 2), the curriculum underwent a major revision and was readied for pilot-testing.

Step 2: Pilot-Testing and Revisions

Pilot-testing involves the trial of the program with a group of individuals from a population similar to the target audience. Pilot tests determine the feasibility of all aspects of the program, including content, target audience, and implementation. Unlike field tests, pilot tests include the outcome evaluation measures developed during Stage 2, the Planning Stage.

Pilot tests can include—

- Feedback from individuals delivering the program
- Feedback from individuals receiving the program
- Observations
- Outcome evaluation materials

and can provide the following information:

- Resources used, including financial costs
- Obstacles to implementation
- Suitability of program for target audience
- Participants' current behaviors, attitudes, and knowledge of the problem
- Immediate impact of the intervention
- Participants' reactions to the intervention
- Whether the intervention was implemented as intended
- Alternate strategies for implementation

For the first full-scale pilot test, MADD volunteers and staff and other nonschool personnel from six sites were trained to implement the curriculum. Three sites successfully completed the pilot test and delivered the PY/PM curriculum to 366 students in first through fifth grades. Pre- and posttest data from elementary students (n=291), evaluations completed by the presenters after each lesson (n=142), and observer evaluations completed by classroom teachers, school principals, counselors, and others observing the lessons as they were being taught (n=114) were used to evaluate the pilot test. Open-ended comments about the lesson content and length, activities, student involvement, cultural and ethnic relevancy, and age appropriateness also proved valuable for improving the curriculum.

The second pilot test was conducted using high school students in a Peer Assistance and Leadership (PAL®) peer helper class to deliver the curriculum. The purpose was to test whether the curriculum could be delivered successfully by high school students. The test was critical because, during the initial program needs assessment, we learned that the program should not rely solely on teachers, who are often overburdened. A youth-led implementation strategy could also benefit the peer helpers teaching the lessons. Following this pilot test, elementary students (n=83) completed postprogram surveys about the PY/PM lessons and high school presenters.

Results of the two pilot tests showed the critical importance of different implementation strategies. Of particular interest was the finding that the youth-led model showed tremendous potential, whereas the MADD-volunteer model had major limitations. We discovered through pilot-testing that volunteers, even those as energetic and invested as MADD volunteers, would not be able to carry the program alone. This is the main reason that PY/PM today is delivered either by elementary teachers or by high school youth in peer helper classes.

Stage 4:
Implementation and Formal Evaluation

Implementing the program is the fourth step.

Tools in the Appendix

Elementary Student Survey Instructions and Surveys p.36

Peer Helper Survey p. 50

Evaluation during the implementation stage is critical in the assessment of changes in participants' behaviors, attitudes, knowledge, or actions. It is equally important in detecting problems and barriers to successful implementation. Many excellent programs have been developed but languished on the shelves because of difficulties in executing their implementation.

In the implementation stage, several key questions are answered:

- Is the program being implemented as intended?
- What are the barriers to implementation?
- What are different strategies for implementation and how do they compare to each other in terms of ease of implementation and impact on participants?
- Is the intervention having the desired impact on participants' behaviors, attitudes, knowledge, or actions?
- How should the program be revised based on evaluation findings?

Instead of focusing on only one avenue for implementation, comparative evaluation studies were used to test two different implementation strategies for PY/PM. The following describes the evaluation studies of PY/PM curriculum taught by (1) classroom teachers, and (2) high school peer helpers.

Study 1: PY/PM taught by classroom teachers:

Classroom teachers in two States delivered the PY/PM lessons to elementary students in a 5-year evaluation study. Four schools received the program, and four matched schools served as the comparison group. All teachers received a full day of training on the curriculum and evaluation procedures and subsequent booster trainings. During the first-year evaluation, students in grades 1–5 completed pre-, post-, and followup surveys. The initial first grade students, along with the fifth graders, were surveyed each year before and after receiving PY/PM as they progressed through elementary school.

Study 2: PY/PM taught by high school peer helpers:

Eight high schools representing different geographic locations and types of schools participated in the study. Peer helpers from each site and their teachers attended a 2½ day training in PY/PM. At each site, in a local elementary school, two classes each in grades 1–5 were randomly selected and assigned either to receive PY/PM or to serve as the comparison group. Elementary students and high school peer helpers completed pre- and postsurveys. Peer helpers from matched high schools served as the comparison group for the high school students. Elementary students participating in the PY/PM program also took followup surveys 6 weeks after the postsurvey.

Step 1: Implementation

This is the long-awaited step in which you get to launch the program you have so carefully developed. It is helpful to evaluate several types of implementation rather than focusing on only one method, if funds permit. By comparing the processes and outcomes of several different methods of implementation, you can determine which method is the most successful. In the event that more than one method is successful, future implementers can choose the method that best suits their needs.

Step 2: Evaluation of Implementation Process

Process evaluation seeks to explain the failures, successes, and changes in a program and typically provides information regarding *program characteristics*, *program fidelity,* and *perceptions of the people involved* in the program, including barriers to implementation. It is often possible to use some of the instrumentation used in the pilot-testing phase with the addition of measures of program fidelity.

Program Characteristics

Monitoring of program implementation involves the collection of the following information:

- Locations where the program is provided
- Who implemented the program
- Numbers of participants
- Participant characteristics (race/ethnicity, income, education level, etc.)
- Types and numbers of activities completed
- Program completion rates
- Program costs

Program Fidelity

Are parts of the program being changed or administered differently by different people? Are the individuals implementing the program changing aspects of the program according to their own needs or purposes? Adaptation of the program to fit different needs is not necessarily bad, but it can adversely influence the outcomes of the intervention. It is important to determine whether the intervention is being carried out in its entirety as originally intended, both as to *what* activities are implemented and *how* they are implemented. This can be accomplished in many ways, including directly asking implementers if they changed any part of the program, conducting site visits to observe the intervention in action, videotaping implementation, etc.

Perceptions of People Involved in Program

The best way to find out how the implementation process is going is by observing the implementation or, if that is not feasible, by asking the people delivering—and receiving—the program. Types of data collection might include in-person observations, videotapes, formal or informal interviews, focus groups, surveys with closed- and/or open-ended questions, and rating scales.

Classroom teachers completed evaluation forms after each PY/PM lesson, providing feedback about the lessons and suggestions for improvements. Other professionals, such as school counselors, principals, and drug prevention specialists, observed lessons as they were being delivered and evaluated the cultural/ethnic relevancy, age appropriateness, student engagement, and a variety of other factors. In classrooms where high school peer leaders taught PY/PM, the teachers observing the lessons and the elementary students receiving them completed surveys evaluating the performance of the high school students.

Step 3: Evaluation of Outcomes

Evaluation of the intervention's outcomes tells you whether it is having the desired impact on participants' behaviors, attitudes, knowledge, or other desired outcomes, providing evidence of the immediate, intermediate, and long-term effects of the program.

- Immediate outcomes: short-term changes in risk and protective factors, e.g., social norms, knowledge, attitudes, and skills
- Intermediate outcomes: changes in behavior and environment
- Long-term outcomes: changes in morbidity (injury) and mortality (death)

See Stages 1 and 2 for resources related to outcome evaluation.

Example of Step 3: Evaluation of Outcomes

Study 1: PY/PM taught by classroom teachers

Design: All students grades 1–5 in selected elementary school classes received PY/PM. Elementary students from matched elementary schools that did not receive PY/PM served as the comparison group. Students from both groups completed pre- and postsurveys.

Results: Results from the fifth year of evaluation showed that PY/PM students learned about the growth and development of their brains and how alcohol affects the brain, increased their anti-alcohol attitudes, gained vehicle safety skills (knowing how to protect themselves if they have to ride in a vehicle with an impaired driver), and increased their intentions not to drink or ride with an impaired driver in the future. Beer consumption by comparison students increased at posttest, while consumption by PY/PM students remained at pretest levels.

Study 2: PY/PM taught by high school peer helpers

Design: Elementary classes were randomly selected to either receive PY/PM or be a comparison group. Elementary students from both groups completed pre- and postsurveys, as did peer helpers who taught PY/PM. Peer helpers from matched high schools that did not offer PY/PM served as the comparison group for the high school students.

Results: Elementary students taught by peer helpers were found to make significant improvements in decisionmaking, stress management, and vehicle safety skills. They also learned about their brains and the harmfulness of alcohol, and increased their anti-underage alcohol use attitudes. The peer helpers decreased their frequency of binge drinking. They also learned the negative effects of alcohol on brain development, changed their perceptions of the risks of high levels of alcohol consumption, and improved their teaching skills.

Step 4: Ongoing Revisions of Program and Implementation Process

It is unlikely that any program will work flawlessly the way it was designed. Even programs based on good science can fail if poorly designed or inadequately implemented. For this reason, it is often necessary to revise the program and the implementation procedures while the program is in progress. In fact, this is the essence of how evaluation can be used to develop an effective science-based program. Use the information you obtained through process and outcome evaluations in Steps 2 and 3 to refine the program itself and the implementation procedures. Keep evaluating both process and outcomes to make sure that the changes you have made are effective. If the program still does not work, or worse, causes harm, it is time to go back to Stage 1 of program development. Be open to the potential for prevention programs to actually harm the individuals they are intended to help: some have.

Example of Step 4: Ongoing Revisions of Program and Implementation Process

Results from the surveys of fifth grade students who received PY/PM indicated that whole classes were not learning the information about alcohol and the developing brain. Feedback from teachers indicated that the information on the brain was too complex to teach to the students, and that often the teachers did not understand it well themselves. PY/PM addressed this issue by working with a media company to develop two videos: one to train teachers and one to educate the fifth grade students on the effects of alcohol on the developing brain. Later surveys revealed that the fifth grade students were learning the brain information.

Stage 5: Stabilization

Planning for the long term is the last step.

How sustainable is the program? The purposes of the stabilization stage are to enhance the capacity of the program, assess the implementation and the impact of the program over time, and do a cost analysis.

In the stabilization phase, several key questions are answered:

- How will community skills, resources, and commitment to the program be enhanced?
- Is fidelity to the original program being maintained?
- Does the program continue to have the desired impact?
- How can the program and the implementation be improved further?
- How will ongoing training needs be met?
- What are the ongoing financial costs?
- Is the program cost-effective?
- Who will pay to keep the program going?
- How can the program be expanded to include more participants?
- How can the program be expanded to include different domains, such as individuals, families, schools, and communities?
- How can the program be tailored to meet the needs of different populations while maintaining fidelity to the original program?

Step 1: Enhancing Capacity

One of the keys for long-term stabilization, or sustainability, of a program is enhancing the capacity of the community to support and carry out the program. A community must have the skills, resources, and most important, the commitment to the program if the program is to be continued. The need for skills can be addressed by expanding the training to include more individuals and by offering booster sessions to already-trained individuals to sharpen their skills. The need for resources can be addressed in several ways, such as linking the program's participants with other community groups that can offer funding, supplies, personnel, etc., and writing grant proposals or assisting potential implementers with grant proposals. Strengthening the commitment of the community can be as simple as finding a local individual to champion the cause. Sharing the program's success stories with the community through newspapers, television, workshops, electronic media, and word-of-mouth is also valuable for building community support, as is involving the community in ongoing process evaluation.

In fall 2003, a rigorous examination of PY/PM was conducted to measure fidelity and adaptation. All of the PY/PM lessons taught by 17 teachers in 4 schools were videotaped. Trained observers viewed Lessons 2 and 7 from fourth and fifth grades and rated the teachers' adherence to the curriculum, modifications, and delivery skill (enthusiasm, classroom orientation). Results showed that while adherence to curriculum content was quite high, the lessons taught were consistently—and often extensively—modified. Despite these modifications, most teachers met the objectives of the lessons they administered.

Step 2: Assessing Fidelity

Adaptation of a program to suit individual groups is one of the key factors in the longevity of a program. A common problem, however, is that programs gradually change over time until they do not even resemble the original program, and their effectiveness is compromised. There must be a balance between adaptation and fidelity (faithfulness to how the program was designed). It is important to assess whether fidelity to the program is adequately maintained by different implementers.

Step 3: Ongoing Outcome Evaluation

The purpose of evaluation during the stabilization stage is to repeatedly assess whether the program is continuing to have its desired impact on participants. Replications of findings from previous studies give the strongest evidence that a program is effective. The same outcome evaluation measures used previously are used in this stage as the intervention is repeated with different participants.

Step 4: Ongoing Process Evaluation

It is important to know whether the processes and systems used in the intervention remain adequate or if adjustments should be made. Personnel issues often arise. As individuals responsible for administering the program leave, you have to train new people to replace them. Ongoing training needs must be addressed. The Stabilization Stage is also a good time to supplement the existing process evaluation measures with other types of evaluation methods. Using different methods to collect data (often called triangulation) adds to the depth of understanding about the program, in addition to increasing confidence in the findings.

In addition to the evaluation forms completed by presenters and students mentioned previously, several other methods of developmental evaluation were used, including (1) focus groups with teachers and high school students, conducted to gain their feedback on the training process and their suggestions for improving the curriculum and implementation; (2) "e-journaling" (Kibel, 1999), in which high school students logged onto secure Web sites and responded to questions about their "journey" or steps taken in implementing the program; and (3) "Bridge-It" survey of implementation (Bosworth, Gingiss, Potthoff, & Roberts-Gray, 1999), in which school counselors trained in PY/PM answered questions designed to measure their overall probability of successfully implementing the program and elicit suggestions for improvement.

Step 5: Analyzing Costs

With so many substance abuse prevention programs available and limited resources to fund them, programs must be able to provide evidence that they are cost-effective. Otherwise, they run the risk of being replaced by less expensive, less effective programs. There are three types of cost research: cost analysis, cost-effectiveness analysis, and cost-benefit analysis (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2002).

Cost Analysis

The first goal is to accurately measure the costs of the program. This can be achieved by tabulating every cost associated with the program (materials, personnel, overhead, etc.). The cost per individual reached is calculated by dividing the total costs by the number of individuals that have been served by the intervention.

Cost-Effectiveness Analysis

The second goal is to determine the cost-effectiveness of the program. Are the outcomes of the program substantial enough to justify their costs? Are there less costly methods that are just as successful? A cost-effectiveness analysis compares the costs of the program to the outcomes of the intervention. The costs can be compared to either the one outcome statistic that is considered to be the most important (number of alcohol-related car crashes, for example) or to all of the outcome statistics individually.

Cost-Benefit Analysis

The third and most ambitious form of cost research is the cost-benefit analysis. In this analysis, the outcomes ("benefits") of the intervention are measured in monetary terms, such as future improved productivity and savings related to future medical expenses, social services costs, accident-related costs, crime-related costs, etc. The monetary value of the benefits is then compared to the costs of the intervention. This cost-benefit analysis yields a monetary figure of the amount saved for every dollar spent on the intervention.

An excellent resource for cost research is "Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy," a 1998 research monograph (#176) from the National Institute on Drug Abuse, available online at www.drugabuse.gov/pdf/monographs/monograph176/download176.html.

Over time, changes have taken place in how peer helper students are trained to teach the PY/PM curriculum. In the first year of using peer helpers as implementers of the curriculum, 44 peer helper students were trained in PY/PM by program developers and were able to teach 391 elementary students, at an average training cost of $80.30 per student trained/taught. In the second year, 88 peer helpers were trained, and the number of elementary students being served increased to nearly 1,400, at a cost of $23.23 per student. The trainings were becoming too costly for the PY/PM budget, and the training was modified to train peer helper teachers, who would then train their peer helper students. The "training of the trainer" method allowed 23 peer helper teachers to be trained, who in turn trained 629 peer helpers who taught PY/PM to approximately 7,000 elementary students. This method of training cost $6.86 per student trained/taught. Unfortunately, examination of data from the third year indicated that elementary students were not making the same significant gains they made in the first two years. This suggests, though not conclusively, that the new training model may not be as effective as the direct training of peer helpers. Further research is underway.

Step 6: Consider Expanding the Target Audience or Domains

Programs can often be altered to make them more accessible to different groups of people. Modifications can include targeting different age groups, groups with different levels or types of risk factors, different ethnic groups or cultures, etc. If a program is to be successfully implemented with a different population, it may be advantageous to adapt the program to make it relevant to that group. This must be done very carefully—*and preferably in consultation with the developer*—to ensure that the effectiveness of the intervention is not compromised. Involving members of the target population in the adaptation process, and documenting carefully the changes you made (including what you added, deleted, or modified), are key. But remember, available scientific evidence suggests that modifying—and particularly reducing the length or intensity of—prevention programs tends to yield weaker results. So it is always best to stay as close to the original content and suggested teaching methods as possible, given the particular needs and characteristics of your target audience.

Expanding the domains targeted by a program is another potential way to stabilize and improve it. Domains include individual, peer, family, school, community, and society. Consider the possibility of expanding the program to include new domains. For example, if your intervention is a school-based or after-school program, is there a way that parents or community organizations could become involved?

Development of a middle school curriculum

A recent addition to the PY/PM program by MADD is the development of a middle school curriculum called the Power of Y.O.U. (You, Others, and the Universe). The curriculum focuses on increasing middle school youth's understanding of how their brain develops, how it differs from the adult brain, and how alcohol discriminates in its effect on the adolescent brain. This curriculum consists of five lessons in the sixth grade, six lessons in the seventh grade, and seven lessons in the eighth grade. The curriculum can be designed to build on knowledge from the elementary PY/PM or stand alone for each grade. The curriculum is currently in the development phase.

Cultural tailoring for American Indians

In 2002, three Indian reservations in Nebraska formed a consortium to apply for support from the Grants to Reduce Alcohol Abuse program, sponsored by SAMHSA and the Department of Education. The consortium was awarded funding to implement youth-led PY/PM. The consortium chose PY/PM because it felt PY/PM was culturally appropriate, as tribes often have older children teaching younger children, supervised by the elders. Adult tribal representatives completed a 4-day training to provide them the information to train high school students to deliver PY/PM to students in grades 1–5. A tribal elder and three members of the Cultural Committee worked together with program staff to tailor the PY/PM curriculum to Native American students. The delivery of training by the tribal representatives to the high school students was videotaped beginning in January 2004 to evaluate the delivery of the materials and the subsequent discussion with the high school students regarding the modified lessons. The three tribes made a wide range of modifications to the curriculum, including (1) surface changes such as modifying the language, images, and examples to be more recognizable by tribal children; (2) deeper changes such as changing the values being taught to values held by the tribes; (3) broadening the scope of the curriculum to include such things as "honoring one's body" and "assuming responsibility for one's community"; and (4) incorporating a wider variety of instructional strategies (kinesthetic, tactile, auditory, etc.).

Cultural tailoring for Mexican Americans

The PY/PM curriculum has been translated into Spanish and is currently being evaluated with bilingual elementary school classes in Texas. Also in progress is the enhancement of the curriculum with stories, language, and culturally appropriate examples for the Mexican American population.

Expanding domains to include parents and community

Another new project of PY/PM focuses on developing a parent/community component to accompany PY/PM. It will include activities and a video to educate parents and other adult community members about alcohol's effect on the developing brain and ways to communicate nonuse messages to children.

Conclusions

Research used carefully at each stage of program development enhances the probability of a successful prevention program. As a result of our focus on process and outcome evaluation and our extensive use of evaluation findings, MADD's Protecting You/Protecting Me was able to proceed rapidly through the stages of development, from inception in summer 1998 to SAMHSA Model Program in spring 2002. In the process, we learned several valuable lessons:

Start Early

Evaluation can and should start at the earliest point in program conception. Beginning evaluation at such an early stage means that data will be available to help drive the direction of the program and assist program developers in making constructive decisions based on sound information.

Use Science-Based Knowledge

The abundance of science-based knowledge that has been accumulated over the years is an essential starting point for developing any substance abuse prevention program. You should consult the increasing number of publications that list principles of effectiveness or results of meta-analyses.

Focus on Implementation as Much as Outcomes

In the rush to evaluate outcomes, implementation is often overlooked. However, implementation is critical to a program's success. An evidence-based approach should be used in addressing implementation issues. Through process evaluation, you can assess critical information about practical issues and barriers to successful implementation and develop strategies to address them. You should also assess the quality of implementation, including how closely program deliverers follow the curriculum (fidelity) and what changes they make to the program to address specific cultural, developmental, environmental, or other circumstances (adaptation).

Find a Champion

The key to the successful implementation and stabilization of a program is belief in the program by people other than its developers. Indeed, program "champions," as they are called, are essential to the selection, implementation, and sustainability of your prevention program. PY/PM has been very fortunate to find principals, teachers, and government officials who believe in the program and work hard to make sure that it succeeds in their schools and communities.

Be Flexible and Persistent

Programs do not usually work exactly the way they were originally designed and implemented. Do not give up when things go wrong. Use your evaluation data to continuously revise and improve the program and its implementation. Keep evaluating.

Use Multiple Methods and Comparative Studies

This paper discusses many of the different types of research methods and sources that we used in gathering evaluation data. If the data collection had been narrowed down to only a few methods and sources, we would have lacked both the richness of data and the confidence in the findings that were necessary to make the changes that our findings suggested. Comparative studies, such as comparing youth-led and teacher-led implementations of PY/PM, also increased our understanding of the program's implementation strategies and its impact on students. Assessing different implementation strategies provided information about factors that contributed to or hindered successful implementation and improved the likelihood of PY/PM's success.

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Appendix

Needs Assessment Tool

We want your help!

We are helping MADD develop a program that will be taught in elementary schools (probably grades 1–4). We are just in the initial stages of development and would like your input. We want to make sure that the program will meet the needs of MADD chapters, staff, and volunteers and be an extremely positive addition to all the great work you do.

Goals of the Curriculum "Protecting You/Protecting Me"

To help elementary students—

- Understand the danger of underage drinking of alcohol.
- Recognize that alcohol is the most devastating of all drugs.
- Understand that drinking and driving is never an option.
- Learn how to handle situations involving riding with a person who has been drinking alcohol.

List any other goals that you think are important. _____

_____

Curriculum Elements

1. How important do you think the following are to the success of this program?

	Extremely Unimportant	Unimportant	Doesn't Matter	Important	Extremely Important
Having a curriculum that is easy to teach	1	2	3	4	5
Having MADD volunteers teach the lessons instead of teachers	1	2	3	4	5
Having a curriculum that meets the needs of different racial/ethnic groups	1	2	3	4	5
Having homework lessons that involve parents	1	2	3	4	5
Having a curriculum that can be easily taught by teachers without MADD volunteers	1	2	3	4	5
Having an interactive curriculum that is fun for children and teachers	1	2	3	4	5
Using MADD volunteers with teaching experience	1	2	3	4	5
Using school personnel to develop the program	1	2	3	4	5

2. What other aspects of the curriculum are critical to the success of the project?

_____

_____

_____

_____

Barriers to Successful Delivery of the Program

3. How difficult or easy do you think it will be to achieve each of the following?

	Very Easy	Easy	Doesn't Matter	Difficult	Very Difficult
Creating awareness of the program among elementary schools	1	2	3	4	5
Getting permission to teach the program in the elementary schools	1	2	3	4	5
Recruiting volunteers who are free during the day to teach the program	1	2	3	4	5
Training MADD volunteers to teach the lessons	1	2	3	4	5
Teaching volunteers how to interact successfully with different cultures	1	2	3	4	5
Teaching volunteers interactive teaching techniques so that they can involve the students in the learning process	1	2	3	4	5

4. Do you have any suggestions on how to overcome these difficulties?

_____

_____

_____

_____

_____

Characteristics of the Program

5. Which would you prefer? (Assuming each lesson lasts about 20–45 minutes)
    1. Three lessons per week over a 2-week period
    2. One lesson a week over a 6-week period
    3. Other variation _____

6. How would your chapter prefer to deliver the lessons?
    1. All lessons taught by MADD
    2. All lessons taught by teachers
    3. Half by MADD, half by teachers
    4. Other variation _____

7. How many MADD volunteers do you currently have available that you think would be interested in teaching these classes? _____

8. Are there any other aspects that we should be aware of as we develop the program and curriculum?

_____

_____

_____

_____

_____

Possible Benefits to Madd

9. How important are some of the possible benefits to MADD of having a program like this?

	Very Unimportant	Somewhat Unimportant	Doesn't Matter	Somewhat Important	Very Important
Increasing awareness of MADD	1	2	3	4	5
Being able to get the message out to young children	1	2	3	4	5
Being able to recruit parents as members	1	2	3	4	5
Broadening services beyond what MADD currently does in existing programs	1	2	3	4	5
Providing a different type of activity that may attract new MADD volunteers	1	2	3	4	5
Providing a new program that might create new interest and funding from businesses/foundations	1	2	3	4	5

10. What other benefits can you see of providing a program like this?

_____

_____

_____

_____

Now tell us about your chapter and yourself:

11. How many paid staff does your chapter have? Full-time _____ Part-time _____

12. How many members does your chapter have?
1. Less than 100
2. 100–249
3. 250–999
4. 1,000+

13. Are you located in:
1. Urban city of 1 million or more
2. Suburb of a city of 1 million or more
3. A city or town of less than 1 million
4. Rural area
5. Other _____

14. What is your position with MADD?_____

15. Are you: 1. Paid staff 2. Volunteer

16. Age:
1. 18–29
2. 30–39
3. 40–49
4. 50–59
5. 60–69
6. 70 or above

17. Gender: 1. Female 2. Male

18. Race/ethnicity:
1. White
2. Hispanic
3. African American
4. Other _____

Optional

19. Name _____

20. Chapter _____

Any other comments or suggestions?

_____

_____

Focus Group Tool

MADD National Leadership Conference
Focus Group Discussion Guide

Introduction: Now that you have heard our presentation about the type of program we are thinking about developing, we want to get your opinions on the best way to develop this program. Everything that is said here will be kept totally confidential. The group's responses will be taped so that we can analyze the responses along with the responses of other groups, but any individual comments are private and should not leave this group. Remind participants of confidentiality and why we are taping the conversation.

1. What do you like best about this approach? What do you think should be the major goals of this curriculum? Rank the priority of goals. What will be some of the major benefits of having MADD involved in a program like this?

2. What do you like least? Thinking about your own local group, what do you think will be some of the biggest problems in delivering this curriculum? List all responses. What suggestions do you have for overcoming them?

3. How feasible is this project? What will make your life easier in ensuring the success of this project?

4. What other factors should we be aware of in developing the curriculum and program?

5. What do you think the name of the project should be? Any suggestions?

Evaluation Planning Tool

Checklist for Hiring an Evaluator

Evaluators should have:

- ☐ Educational background in an applied social science and experience evaluating similar programs.
- ☐ Personality and work style that will fit in well with program staff.
- ☐ No biases against the type of program being designed or the target audience of the intervention.
- ☐ Sufficient staff or working relationships with other qualified individuals who can assist with data collection, analysis, and reporting.
- ☐ Positive recommendations from references.
- ☐ A detailed evaluation plan that includes tasks, personnel required, and a budget.
- ☐ A demonstrated ability to write and present findings in a manner appropriate for both the program stakeholders and prevention professionals.
- ☐ Knowledge of
  - ___ Study design
  - ___ Tailoring a study design to available resources
  - ___ The development and specification of a program logic model
  - ___ Quantitative and qualitative data analysis using statistical software
  - ___ Process and outcome evaluation
  - ___ Power analysis (statistical test that determines how many study subjects are needed)
  - ___ Instrumentation (how to develop a statistically valid and reliable data collection instrument)
  - ___ Randomization (randomly assigning individuals to either receive the intervention or be in the comparison group and statistically controlling for any differences between the two groups)
  - ___ Fidelity (how to assess whether the intervention is being carried out as designed)
  - ___ Attrition (how to account for subjects who drop out of the study)
  - ___ Missing data analysis

Other important questions to ask:

1. Does the evaluator work for the funder, the program, or independently?
2. Who controls the study? How will conflicts over the direction of the evaluation be identified and resolved?
3. Will the evaluator work with program staff to improve the program?
4. Will program staff carry out data collection and other evaluation tasks, or will the evaluator and evaluation staff complete all of the evaluation tasks?

Adapted from W. K. Kellogg Foundation. (1998). *W. K. Kellogg Foundation Evaluation Handbook*. Battle Creek, MI: Collateral Management Company. Available at www.wkkf.org/pubs/tools/evaluation/pub770.pdf and from Northeast CAPT's Web site, www.northeastcapt.org/products/faq/faq20.html.

Advisory Council Tool

Curriculum Reviewers' Form for MADD Elementary School Project

Name _____ Date _____

Organization _____ Phone no. _____

Grade level being reviewed: _____1st _____2nd _____3rd _____4th _____5th

Thank you for agreeing to review this curriculum. We appreciate your taking the time and effort. You are the experts and we want your opinions on what is right and what could be improved. Please rate each item and give us your comments in the space provided and/or on additional sheets. We are especially interested in your comments for any items rated "3" or below.

	Poor	Fair	Good	Very Good	Outstand-ing
1. Appropriateness of the focus/goals of the curriculum *Comments:*	1	2	3	4	5
2. Developmental appropriateness for intended grade level (attention span, academic abilities, and interests) *Comments:*	1	2	3	4	5
3. Cultural/ethnic relevancy for all types of students *Comments:*	1	2	3	4	5
4. Adequate information/explanations for presenter *Comments:*	1	2	3	4	5
5. Aids for guiding reflection/processing/sharing *Comments:*	1	2	3	4	5

	Poor	Fair	Good	Very Good	Outstand-ing
6. Use of higher-order thinking skills *Comments:*	1	2	3	4	5
7. Use of interactive activities *Comments:*	1	2	3	4	5
8. Engaging for students *Comments:*	1	2	3	4	5
9. Lesson 1	1	2	3	4	5
10. Lesson 2	1	2	3	4	5
11. Lesson 3	1	2	3	4	5
12. Lesson 4	1	2	3	4	5
13. Lesson 5	1	2	3	4	5
14. Lesson 6	1	2	3	4	5
15. Lesson 7	1	2	3	4	5
16. Lesson 8	1	2	3	4	5

Please comment on which lessons don't work as well as the others and how we can improve them.

Any other comments regarding the curriculum, implementation, use, or other topics would be appreciated. Use other side. Thank you for your opinions!

Field-Testing Tool

MADD Elementary School Project Lesson Evaluation Worksheet

To be filled out by presenter and all observers

Your name: _____ School: _____

Classroom teacher's name: _____ Grades in school: _____

Name of presenter: _____ City: _____

Grade level being taught: _____1st _____2nd _____3rd _____4th _____5th

Lesson number: _____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8

Thank you for taking the time to give us your opinions about the lesson and what works and what could be improved. Please rate each item by circling a number in each row. Give us your comments in the space provided and/or on additional sheets.

Students	Poor	Fair	Good	Very Good	Outstand-ing
1. Appear interested, listening	1	2	3	4	5
2. Comprehend the vocabulary	1	2	3	4	5
3. Comprehend the instructions	1	2	3	4	5
4. Follow instructions	1	2	3	4	5
5. Respond to questions	1	2	3	4	5
6. Demonstrate understanding	1	2	3	4	5
7. Enjoy the lesson	1	2	3	4	5

Please give us your comments about the items above (especially those rated "3" or below) and anything else regarding the students' response to the lesson.

Lesson	Poor	Fair	Good	Very Good	Outstand-ing
8. Appropriateness of the focus/goals of the lesson	1	2	3	4	5
9. Developmental appropriateness for grade level	1	2	3	4	5
10. Cultural/ethnic relevancy for all types of students	1	2	3	4	5
11. Logical sequence of the lesson	1	2	3	4	5
12. Ability to be infused into core curriculum	1	2	3	4	5
13. Length of the lesson for intended grade level	1	2	3	4	5
14. Use of higher-order thinking skills	1	2	3	4	5
15. Use of interactive activities	1	2	3	4	5
16. Use of reflection/processing/sharing	1	2	3	4	5

Please give us your comments about the items above (especially those rated "3" or below) and anything else concerning the lesson.

17. In general, what was most effective about the lesson?

18. What was least effective or could be improved?

Outcome Evaluation Tool

Protecting You/Protecting Me

Directions for Administering Elementary Student Surveys

General information: Please follow the procedures exactly as they are written.

Make sure that you give the survey only to students who have their parents' consent.

Make sure students use the same identification number on each of their surveys.

In order to match students' first surveys with their later surveys, it is important that each student in your class has a unique identification number that is used on all surveys. Included in the packet is a set of labels for each student. One label has the student's name, teacher, and school on it; the other has a unique number on it with "Stick Me!" on it. Do not separate the labels. Give the students both labels at the designated time.

Read the following aloud to students.

We would like you to answer some questions. It is important that you understand the following:

This is not a test. We are interested in learning what you think about certain things.

- Do not put your name on the paper.
- You can skip any questions you don't understand or that you don't wish to answer.
- It is important that you answer honestly on all of the questions you choose to answer.
- You should not look at any other student's answers. All of your answers are private.
- No one in this school will see your answers to the questions; they are being sent to a research organization.

Distribute the surveys to the students. At the same time, hand each student the set of labels with his/her name on it.

PAGE ONE:

1. Make sure you have a label with your name on it.
2. First, we will attach our labels to the survey.
    - Take the label that says "Stick Me!" on it. (Hold up the sample label and point to it for the students to see.)
    - Place the label in the square that says "Stick Me!" The box should match the label you are placing on your survey. (Hold up the sample survey and point to it for the students to see.)
    - We use a label so that your answers on this survey can be matched to your answers on another survey you will take later.

Now you are to fill in one bubble for each answer. Make sure you fill in the bubble completely. If you change any of your answers, make sure to erase your old answer or any stray marks.

3. Write down your teacher's name and today's date. (Write on blackboard for them to copy.)
4. Circle the #1 if you are a boy, or the #2 if you are a girl.
5. Circle what age you are as of today.
6. The last question is about your race or ethnicity. I will walk around the room and help you with which response to circle.

Check students' answers on race/ethnicity to see that they understood the question.

PAGE TWO AND REST OF SURVEY:
Have students look at the example question. Read the following directions aloud.

Directions: *Each question will be read aloud. Then you are to fill in the bubble that best represents your answer. Fill in only ONE BUBBLE for each question. Be sure to fill in the bubble fully and erase any answers completely that you change. If you are unsure about your answer, you may guess. If you do not know or do not want to answer the question, leave it blank. You do not have to take this survey. If you have any questions during the survey, please raise your hand.*

Now we are going to try an example of what some of the questions are like.

(Put up overhead transparency.)

Use the overhead transparency to demonstrate how they are to answer some of the questions on the survey.

Ask several students what they would answer for the example. Bubble in their answers on the transparency. Show students how there are different answers to the question: some students agree while others disagree or are more neutral. Make sure they understand that there are no right or wrong answers, just opinions.

When you have completed the example, have students start the survey.

Make sure you:

- **Read each question aloud twice.**
- **Give them time to complete before going on to next question.**
- **Make sure they work individually and don't talk.**
- **Have them raise their hands if they have questions.**
- **Don't attempt to interpret any question for them. Do not help them with a response. If they are not sure of an answer, they may guess or leave it blank.**

When the students are finished, have them place their surveys in the envelope and complete the information on the front of the package. All of the school's surveys should be given to your PY/PM representative to send to _____.

If you have any questions, please call _____ immediately at _____.

Outcome Evaluation Tool

Protecting You/Protecting Me
Grades 1–3

Students:
Please attach your label here

Stick Me!

ID#: _____

Classroom Teacher's Name: _____

Today's Date: _____

Circle your answer

Your grade: 1 2 3

Are you a: 1. Boy  2. Girl 

Your age: 5 6 7 8 9 10 11

Are you:
1. White
2. Black or African American
3. Mexican or Hispanic
4. Asian
5. Native American/American Indian
6. Other/biracial _____

Directions: Fill in only ONE BUBBLE for each question. Be sure to press hard and fill in the whole bubble. Erase completely any answers you change.

EXAMPLE

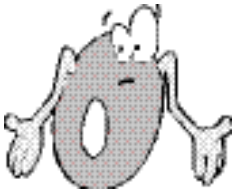
Do you like cats?



○ Yes ○ Sometimes ○ No

START HERE

1. Do commercials on TV tell us what we need to know?


○ Yes ○ Sometimes ○ No

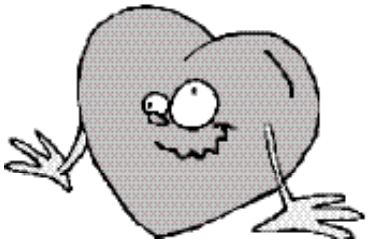
2. Is it harmful for teenagers to drink beer?

○ Yes ○ Sometimes ○ No

3. Is it okay to get in a car with a driver who has had a beer?

○ Yes ○ Sometimes ○ No

4. What is the boss of your body?



○ Heart

○ Brain

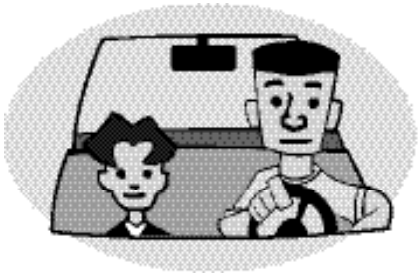
5. When are people grown up?

○ 18 years old

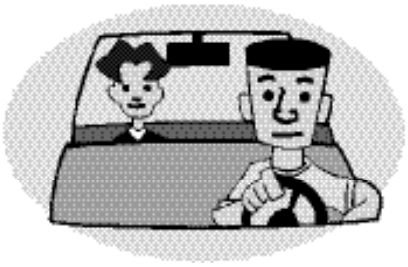
○ 21 years old

○ 25 years old

6. If you ever had to ride in a car with a driver who had been drinking beer, where would you sit?

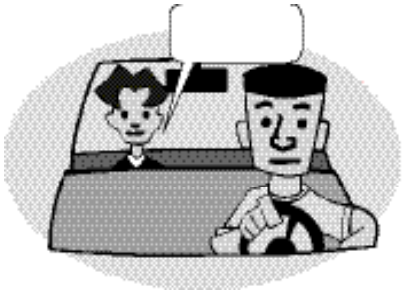


○ In the front seat to help the driver

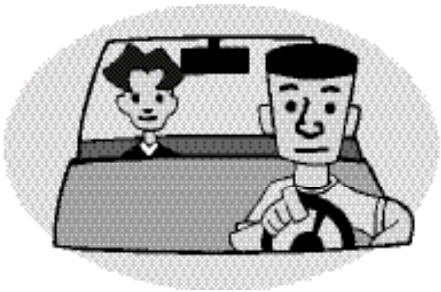


○ In the back seat

7. If you ever had to ride in a car with a driver who had been drinking beer, would you talk to the driver?



○ Yes



○ No

8. What was the main thing you learned?
Write or draw something to show the main thing you learned.

Protecting You/Protecting Me Survey

Grades 4–5

Students:
Please attach your label here

Stick Me!

ID#: _____

Classroom Teacher's Name: _____

Today's Date: _____

Circle one answer for each question.

Your grade: 4 5

Are you a: 1. Boy  2. Girl 

Your age: 7 8 9 10 11 12 13

Are you:
1 Asian/Asian American
2. Black/African American
3. Hispanic/Mexican American
4. Native American/American Indian
5. White/Caucasian
6. Biracial/Other _____

Your Opinions and Attitudes

Directions: Each question will be read aloud. Then you are to fill in the bubble that best describes your answer. Fill in only ONE BUBBLE for each question. Be sure to fill in the whole bubble and erase completely any answers that you change. If you are unsure about your answer, you may guess. If you do not know or do not want to answer the question, leave it blank. You do not have to take this survey. Neither your teacher nor parent will see any of your answers. If you have any questions during the survey, please raise your hand.

Some of the questions are like the one below. Fill in the bubble of the answer that best shows how you feel.

EXAMPLE: I like cats.

Strongly Agree	Agree	Disagree	Strongly Disagree
○	○	○	○

Fill in the bubble under STRONGLY AGREE if you think this statement is right all of the time.

Fill in the bubble under AGREE if you think this statement is usually right.

Fill in the bubble under DISAGREE if you think this statement is usually wrong.

Fill in the bubble under STRONGLY DISAGREE if you think this statement is wrong all of the time.

FILL IN THE BUBBLE under the category that best describes your answer.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Commercials on TV leave out important information.	○	○	○	○
2. Beer commercials on TV show what happens when people drink beer.	○	○	○	○
3. The heart is the most important part of the body.	○	○	○	○
4. Commercials on TV always tell us what we need to know.	○	○	○	○
5. Drinking alcohol messes up how the brain and body communicate.	○	○	○	○
6. Drinking alcohol is okay for people under 21 if they do not drive.	○	○	○	○
7. Most people's brains are fully formed by the time they are 18 years old.	○	○	○	○
8. Drinking alcohol changes how the brain works.	○	○	○	○
9. Drinking alcohol is okay for people under 21 if they are at home.	○	○	○	○
10. Commercials on TV always tell the truth.	○	○	○	○
11. People are grown up when they are 18 years old.	○	○	○	○
12. Drinking alcohol is okay for people under 21 if they only drink a little.	○	○	○	○
13. Drinking alcohol changes the brain's chemistry.	○	○	○	○
14. Drinking alcohol affects everyone the same, no matter how old they are.	○	○	○	○

15. If you ever had to ride in a car with a driver who had been drinking alcohol (beer, wine, or liquor), what would you do?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Talk to the driver.	○	○	○	○
b. Sit in the front seat to be near the driver.	○	○	○	○
c. Put any packages or backpacks on the seat next to me.	○	○	○	○

16. How much do you think people under 21 years of age harm themselves if they—

	A lot	Some	A little	Not at all
a. Try one or two drinks of beer?	○	○	○	○
b. Try one or two drinks of wine?	○	○	○	○
c. Try one or two drinks of flavored alcohol drinks (hard lemonade, malt beverages, wine coolers, etc.)?	○	○	○	○
d. Try one or two drinks of liquor (whiskey, vodka, tequila, etc.)?	○	○	○	○
e. Have one or two drinks of alcohol once in a while?	○	○	○	○
f. Ride in a car with a driver who has had any alcohol?	○	○	○	○

Circle only ONE answer for each question.

17. The brain does most of its growing until a person is how old?

    1. 12 years old
    2. 15 years old
    3. 18 years old
    4. 21 years old

18. Why is alcohol more dangerous for people under 21 than for people 21 and over?

    1. It's really not more dangerous.
    2. It can hurt their brain development.
    3. It can damage their hearts.
    4. It can make them sleepy.

19. How recently, if ever, have you done the following?

	At least once in the past month (past 30 days)	At least once since school began in the fall	At least once in your lifetime	Never
a. Had beer?	○	○	○	○
b. Had wine?	○	○	○	○
c. Had flavored alcohol drinks (hard lemonade, malt beverages, wine coolers, etc.)?	○	○	○	○
d. Had liquor (whiskey, vodka, tequila, etc.)?	○	○	○	○
e. Ridden in a car with a driver who has had any alcohol?	○	○	○	○

20. In the future, do you think you will:

	Definitely	Probably	Maybe	Never
a. Drink beer?	○	○	○	○
b. Drink wine?	○	○	○	○
c. Drink flavored alcohol drinks (hard lemonade, malt beverages, wine coolers, etc.)?	○	○	○	○
d. Drink liquor (whiskey, vodka, tequila, etc.)?	○	○	○	○
e. Ride in a car with a driver who has had any alcohol?	○	○	○	○

That's all. Thank you.

Addendum to postsurvey

21. Complete ONE of the following sentences: (CHECK WHICH ONE)

☐ I liked having high school students teach the lessons because:

☐ I did <u>not</u> like having high school students teach the lessons because:

That's all. Thank you.

Peer Helper Survey

Your student ID:_____ Today's date:_____

Please answer the following questions as best you can. Do not look at any other person's answers. All of your answers are confidential. After you have finished, please put your survey in the envelope and seal it and give it to your teacher.

What is your age? _____ Are you: 1. Male 2. Female

High School: _____ What grade are you in? _____

Please identify your race or ethnicity.

1. White/Caucasian
2. Black/African American
3. Hispanic/Mexican American
4. Asian/Asian American
5. Native American/Indian American
6. Biracial/Other _____

1. Please indicate if you STRONGLY AGREE, AGREE, DISAGREE, or STRONGLY DISAGREE with each statement by circling the number under your answer.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Drinking alcohol is more dangerous for people under 21 than for people 21 and older.	○	○	○	○
b. I might drink alcohol when I get older.	○	○	○	○
c. I am comfortable teaching children.	○	○	○	○
d. I have an understanding of children's brain development.	○	○	○	○
e. It's okay to drink alcohol if you don't get caught.	○	○	○	○
f. I can't wait to be old enough to drink alcohol legally.	○	○	○	○
g. I have good public speaking skills.	○	○	○	○
h. I know what alcohol does to the brains of people under 21.	○	○	○	○
i. I am comfortable presenting information in front of groups.	○	○	○	○
j. Drinking alcohol harms the development of people under 21.	○	○	○	○
k. Drinking alcohol distorts messages to and from the brain.	○	○	○	○

2. Do you think you will drink beer or wine or other alcohol beverage when you are 20 years old?

1. Definitely yes
2. Probably yes
3. Probably no
4. Definitely no

3. How sure are you that you could say "no" if:

	I could say no				I could NOT say no
a. You were offered alcohol at a friend's house?	○	○	○	○	○
b. You were offered alcohol by an older brother or sister?	○	○	○	○	○
c. You were offered alcohol by other older persons?	○	○	○	○	○
d. You were offered alcohol at a party or dance?	○	○	○	○	○
e. You were offered alcohol by a boyfriend or girlfriend?	○	○	○	○	○
f. You were offered a ride by someone who had been drinking?	○	○	○	○	○

4. How much do you think people under 21 years of age risk harming themselves (physically or in other ways) if they—

	No risk	Slight risk	Moderate risk	Great risk
a. Try one or two drinks of an alcoholic beverage (beer, wine, wine cooler, liquor)?	○	○	○	○
b. Have one or two drinks once or twice a year?	○	○	○	○
c. Have one or two drinks once or twice a month?	○	○	○	○
d. Have one or two drinks nearly every day?	○	○	○	○
e. Have five or more drinks at one time?	○	○	○	○
f. Drive after drinking one or two drinks?	○	○	○	○
g. Drive after drinking three or more drinks?	○	○	○	○

5. IN THE PAST 30 DAYS, how many times have you:

	Not in past 30 days	1–2 times	3–10 times	11–19 times	20+ times
a. Had beer?	○	○	○	○	○
b. Had flavored alcohol drinks (such as hard lemonade, malt beverage)?	○	○	○	○	○
c. Had wine cooler?	○	○	○	○	○
d. Had wine?	○	○	○	○	○
e. Had liquor?	○	○	○	○	○
f. Had five or more drinks of any alcohol in one sitting?	○	○	○	○	○
g. Ridden in a car with a driver who had recently been drinking alcohol?	○	○	○	○	○
h. Driven a car within 2 hours after drinking alcohol?	○	○	○	○	○

Addendum for postsurvey

6. Protecting You/Protecting Me Training and Teaching

	YES	NO
a. Were you trained to teach *Protecting You/Protecting Me* this school year?	○	○
b. Did you teach the PY/PM curriculum to elementary students? ****If "YES" please proceed to question 7.**** ****If "NO" that's all and thank you for your participation.****	○	○

~ Stop Here If You Did Not Teach Protecting You/Protecting Me ~

If you taught *Protecting You/Protecting Me* (answered "YES" to question 6b):

7. PY/PM Curriculum

	Yes	No	Don't Know
a. Were all eight lessons taught?	○	○	○
b. Did you do all of the ownership activities with the elementary students?	○	○	○
c. Did you add supplemental information? *If "Yes," specify what was added:*	○	○	○
d. Did you omit anything? *If "Yes," specify what was omitted:*	○	○	○

8. What was the main thing you gained or learned from teaching *Protecting You/ Protecting Me*?

(Use other side of sheet if needed.)